TRABENISHE TRA	ANSMITTAL FORM	filing)	U.S. F s are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name	Patent and T	у	
Fee Transmittal Form Fee Attached Amendment/Reply After Final		Crawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard		
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Winstead Sectors & Minick P.C.					
Signature Printed name	Ross Spencer Garsson					
CERTIFICATE OF TRANSMISSION/MAILING Legeby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with						

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Toni Stanley Date 12/27/2005

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees	s are subject to annual revision	Complete if Known		
		Application Number	10/633,335	
FEE TRAN	SMILIAL	Filing Date	08/01/2003	
For FY 2005		First Named Inventor	Zvi Yaniv	
		Examiner Name	Elena Tsoy	
Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	1762	
TOTAL AMOUNT OF PAYMENT	TAL AMOUNT OF PAYMENT (\$) 185.00		12179-P116US	

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)				
✓ Check Cr	edit Card	Me	oney Order	2. EXTRA CLAIM FEES Fee Description		Fee (\$)	Small Entity Fee (\$)
Deposit Account		No	ne	Each claim over 20 Each independent claim over	2	50 200	25 100
Deposit				Multiple dependent claims	3	200 360	180
Account	23-242	:6		For Reissues, each claim over	r 20 and		100
Number Deposit				more than in the original pa		50	25
Account Winst	ead Sech	rest & Minic	k P.C.	For Reissues, each independe		า	
Name				more than in the original pa	tent	200	100
The Director is hereby	y authorize	d to: (check all	that apply)	Total Claims Extra Ci			ee Paid (\$)
Charge fee(s) i	ndicated be	elow		25 - 20 or HP = 5 HP = highest number of total claims		25 = f greater than 2	125
Charge fee(s) i	ndicated be	elow, except f	or the filing fee	Indep. Claims Extra Cl			ee Paid (\$)
			ments of fee(s)	2 - 3 or HP = 0		. • •	=0
under 37 CFR		17		HP = highest number of independen			
Credit any over	payments			Multiple Dependent Claims		<u>Fee (\$)</u> <u>F</u>	ee Paid (\$)
to the above-identifie	d deposit a	ccount.					
				Subt	total (2	2) \$ 125	
Other (please identif	ý):			3. OTHER FEES		Small Entity	
WARNING: Information on information should not be				Fee Description 1-month extension of time	Fee (\$)	Fee (\$) 60	Fee Paid(\$) 60
information and authorizat			ide credit card		120		-00
FEE CA	LCULAT	ION		2-month extension of time	450	225	
1. BASIC FILING FEE	:			3-month extension of time	1,020	510	
	<u>s</u>	mall Entity		4-month extension of time	1,590	795	
Fee Description	Fee (\$)	<u>Fee (\$)</u>	Fee Paid(\$)	5-month extension of time	2,160	1,080	
Utility Filing Fee	790	395		Information disclosure stmt. fee	180	180	
				37 CFR 1.17(q) processing fee	50	50	
Design Filing Fee	350	175		Non-English specification	130	130	
Plant Filing Fee	550	275		Notice of Appeal	500	250	
Paissua Filina Fas	790	205		Filing a brief in support of appeal	500	250	
Reissue Filing Fee	790	395		Request for oral hearing	1,000	500	
Provisional Filing Fee	160	80		Other:	•		
,	Subtot	al (1) \$		Sul	ototal	(3) \$ 60	
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SUBMITTED BY			
Signature	1757	Registration No. (Attorney/Agent) 38.150	Telephone 512-370-2870
Name (Print/Type)	Ross Spencer Garsson		Date 12/27/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.